

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 05/723722	FILING DATE 11/27/00
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/	/				51	
2		/		/			52	
3		/		/			53	
4		/		/			54	
5		/		/			55	
6		/		/			56	
7		/		/			57	
8	/			/			58	
9		/		/			59	
10		/		/			60	
11		/		/			61	
12		/		/			62	
13		/		/			63	
14		/		/			64	
15		/		/			65	
16		/		/			66	
17		/		/			67	
18		/		/			68	
19		/		/			69	
20		/		/			70	
21	/			/			71	
22		/		/			72	
23		/		/			73	
24		/		/			74	
25		/		/			75	
26		/		/			76	
27	/			/			77	
28		/		/			78	
29		/		/			79	
30		/		/			80	
31		/		/			81	
32		/		/			82	
33		/		/			83	
34		/		/			84	
35		/		/			85	
36		/		/			86	
37		/		/			87	
38		/		/			88	
39		/		/			89	
40		/		/			90	
41		/		/			91	
42		/		/			92	
43		/		/			93	
44		/		/			94	
45		/		/			95	
46		/		/			96	
47		/		/			97	
48		/		/			98	
49		/		/			99	
50		/		/			100	
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/723722

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			5				TOTAL IND.						
TOTAL DEP.			48				TOTAL DEP.						
TOTAL CLAIMS			50				TOTAL CLAIMS						